

Directions for Competency Checklist

PATIENT CARE TECHNICIAN (PCT)

Applicant: Provide the COMPETENCY CHECKLIST for your certification to your current or previous instructor, evaluator, supervisor, or designated human resources representative for completion. The form must be completed by the individual evaluating the applicant's competencies. AMT will only review and process documentation if an active application is on file.

For direct submission by the applicant

If the applicant is submitting the completed COMPETENCY CHECKLIST directly to AMT, the form must either:

- ☐ **Be accompanied by a Letter of Authenticity from the organization**

The letter must be printed on the organization's company letterhead stating that the COMPETENCY CHECKLIST form was completed, signed, and dated by the applicant's instructor, supervisor, or an authorized human resources representative.

If an applicant is submitting COMPETENCY CHECKLISTS from multiple organizations, each form must include either a letter of authenticity or a stamp/seal from that specific organization that verified the competencies.

OR

- ☐ **Bear the employer's company seal or stamp**

The COMPETENCY CHECKLIST must contain the employer's company stamp or seal, which must be embossed on the form. AMT cannot accept digital seals and/or logos.

COMPETENCY CHECKLISTS submitted by an applicant without either a Letter of Authenticity or the employer's stamp/seal WILL NOT BE ACCEPTED.

For submission by the organization

If the organization is submitting the completed COMPETENCY CHECKLIST directly to AMT on behalf of the applicant, a Letter of Authenticity or company stamp or seal is not required:

- ☐ The completed COMPETENCY CHECKLIST must be submitted directly from the organization's professional email address. Personal email providers such as @yahoo, @gmail, and @hotmail **are not** accepted as business email addresses.

Email completed documentation to documents@americanmedtech.org for review.

PATIENT CARE TECHNICIAN (PCT) Competency Checklist

Section 1: Applicant Information *(The applicant is to complete this section.)*

Applicant's First Name	Last Name	AMT ID #
Email		Date of Birth

Section 2: Training Provider Information *(The training provider is to complete this section.)*

(Current or previous instructor, evaluator, supervisor, or designated human resources representative only)

The individual named above has applied to American Medical Technologists (AMT) for the certification indicated above. The candidate listed your facility as a present or former school/employer/training provider. Please assist us by verifying this applicant's competencies to determine their eligibility for certification.

Name of Business/Organization	Phone Number
Mailing Address	Business Email
City	State/Province/Country
	Zip
Name of Evaluator	Evaluator's Title

Experience Gained

Type of Experience Evaluated: ☐ Externship ☐ Work Experience

Dates of Experience: From (mm/dd/yy) _____ To (mm/dd/yy or current) _____

Hours completed for Externship, Apprenticeship, or On-The-Job Training: _____

Section 3: Competency Assessment *(The training provider must complete this section.)*

(Current or previous instructor, evaluator, supervisor, or designated human resources representative only)

Please complete the competency assessment for the above applicant in the following areas.

Note: All tasks must be performed under the direction of a healthcare provider.

Allied Health Foundations		Evaluator's Initials <i>(initial each task)</i>
Competencies	<i>All tasks where competency has been demonstrated must be initialed below.</i>	
A.	Demonstrate range of motion (ROM) , recognize loss of muscle function, and apply knowledge of common diseases	
B.	Define terminology associated with skin integrity, vital signs , measurements, and surgical and medical asepsis	
C.	Apply law and ethics concepts (<i>e.g., HIPAA, PHI, PT Bill of Rights, negligence, fraud and abuse, scope of practice, harassment, informed consents, POA</i>)	
D.	Employ effective, professional communication skills (<i>verbal and nonverbal</i>) and know barriers	
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed Evaluator's Initials

Checklist continues on reverse

Personal Patient Assistance and Care		
Competencies	<i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials (initial each task)
A.	Demonstrate comprehensive understanding of activities of daily life (ADL) and assist/orient patients accordingly	
B.	Apply patient health and wellness care (enema, tracheotomy, nasal cannula, and other procedures) and monitor and report any changes in patient condition	
C.	Perform bathing and aftercare, robing/disrobing, and employ proper bath/shower safety measures	
D.	Employ proper patient positioning for various exams and procedures; drape, and execute proper turning of patient	
E.	Utilize proper transfer techniques with various equipment (ergonomics, body mechanics, documentation, etc.)	
F.	Demonstrate postmortem empathy for family and friends, employ proper communication with superiors and funeral home representatives, and document	
G.	Explain dietary needs for patients with various health conditions and potential medication reactions with diets; record meal intake; assist with nutritional support	
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed Evaluator's Initials

Clinical Procedures		
Competencies	<i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials (initial each task)
A.	Collect and transport blood samples (employ order of draw, venipuncture safety precautions, tests associated with evacuated tube additives, venipuncture by vacutainer, winged-infusion device, and dermal puncture)	
B.	Collect and process specimens for non-blood samples (urine, stool, sputum, POC and waived tests)	
C.	Employ vital sign and other procedures related to blood pressure, pulse and pulse oximetry, respiration, temperature, height and weight; record intake/output of fluids; monitor and record functions related to digestion; documentation, and understand reporting of changes in vital signs to provider	
D.	Perform CPR	
E.	Obtain an ECG (lead placements, artifacts, troubleshooting); Holter monitor; basic elements of telemetry; recognize/report abnormal rhythms	
F.	Demonstrate wound care (e.g., decubitus ulcers, post-operative, skin tears, abrasions, etc.); bandaging; sterile fields for wound care; dressing application and change; ulcers; waste disposal; prevention of HAIs	
G.	Assess emergency situations according to American Heart Association Standards; initiate EMS in the event of an emergency; provide proper emergency care for bleeding, seizures, choking, syncope; care during consciousness vs. unconsciousness	
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed Evaluator's Initials

Clinical Patient Environment		
Competencies	<i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials (initial each task)
A.	Promote asepsis ; don and doff PPE (e.g., gloves, gown, mask, goggles, shoe covers); apply medical aseptic procedures and surgical aseptic procedures; employ surgical gloving; set up and maintain sterile field	
B.	Properly prepare occupied bed	
C.	Care for patient room (clean, call bell in reach, etc.); check safety of room and patient equipment	
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed Evaluator's Initials

I am a current/previous instructor, evaluator, supervisor, or designated Human Resources representative. I attest that the information above is accurate and fairly represents the duties performed and competencies attained by the applicant.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

If submitted by the applicant, this document must include either the company's stamp/seal or be accompanied by a Letter of Authenticity from your educational organization or current/previous employer. The Letter of Authenticity must be printed on the organization letterhead stating that the evaluation form was completed, signed, and dated by an instructor, evaluator, supervisor, or human resources representative. Evaluation documents sent directly from an evaluator's or employer's professional email will not require a Letter of Authenticity or company stamp/seal.

Email completed documents to documents@americanmedtech.org for review. Documents will only be reviewed if an active application is on file.